



08-26-03

AF/1617

Atty. Dkt. No. 06569140215
Appl. Ser. No. 09/806,834RECEIVED
JUL 29 2003
FBI CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Philippe Msika

Title: COSMETIC METHOD FOR
PREVENTING AND/OR TREATING
SKIN STRETCHMARKS, AND
USE IN DERMATOLOGY

Appl. No.: 09/806,834

Filing Date: 04/05/2001

Examiner: Lauren Q. Wells

Art Unit: 1617

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 055902591 US	08-25-03
(Express Mail Label Number)	(Date of Deposit)
Chris Escavillo	
(Printed Name)	
Chris Escavillo	
(Signature)	

#13
HKO
9-3-03NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCESCommissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

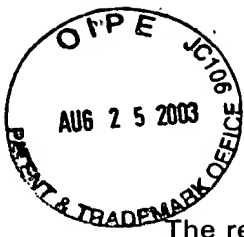
Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated February 26, 2003, and the Advisory Action dated July 15, 2003, of the Examiner finally rejecting Claims 1, 3-14, and 16-18.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

08/28/2003 MBERHE 00000012 09806834

01 FC:1401
02 FC:1253320.00 OP
820.00 OP



Atty. Dkt. No. 065691-0215
Appl. Ser. No. 09/806,834

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$320.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$930.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:	\$110.00
	FEE TOTAL:	\$1140.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1140.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$1140.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$1140.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

8/25/03

By

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